

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09782501	FILING DATE 7/13/01				
CLAIMS							*		*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
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13		1					63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19	1						69					
20		1					70					
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35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	41						TOTAL DEP.					
TOTAL CLAIMS	44						TOTAL CLAIMS					

Best Available Copy